



Docket No. 740819-337

Serial No. 09/504,782

Page 1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:)	
Masahiro KUME et al.)	Group Art Unit: 2828
Serial No. 09/504,782)	Examiner: Delma R. Flores Ruiz
Filed: February 15, 2000)	Confirmation No. 8307
For: SEMICONDUCTOR LASER DEVICE,)	Date: March 16, 2005
OPTICAL DISK APPARATUS AND)	
OPTICAL INTEGRATED UNIT)	

CERTIFICATE OF MAILING OR TRANSMISSION
[37 CFR 1.8(a)]

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AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated December 16, 2004, please amend the above identified application as follows.



TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/504,782
		Filing Date	February 15, 2000
		First Named Inventor	Masahiro KUME et al.
		Group Art Unit	2828
		Examiner Name	Delma R. FLORES RUIZ
Total Number of Pages in This Submission		Attorney Docket Number	740819-337

ENCLOSURES <i>(check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
Remarks	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 19-2380(740819-337) for the above identified docket number.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	<u>Donald R. Studebaker, Reg. No. 32,815</u> Nixon Peabody LLP 401 9 th Street, N.W. Suite 900 Washington, D.C. 20004-2128
Signature	
Date	March 16, 2005

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